Please type or print all information. Please read instructions on reverse. U.S. Environmental Protection Agency I. Name and Address of Reporting Agency Office of Drinking Water U.S. Environmental Protection Agency Washington, DC 20460 1650 Arch Street - Region III UIC Federal Reporting System Philadelphia, PA 19103-2029 EPA Part I: Permit Review and Issuance/Wells in Area of Review PENNSYLVANIA UIC (This information is solicited under the authority of the Safe Drinking Water Act) IV. Reporting Period (month, year) II. Date Prepared III. State Contact name, telephone no.) (month, day, year) From Τо December 5, 2005 October 1, 2004 September 30, 2005 Anthony D. Meadows 215-814-5442 Class and Type of Injection Wells Item V Ш IV 1 SWD ER HC 2R 2H 2D V. Permit Number of Permit Applications Received 2 Application New Number of Individual Wells 2 Permits Issued Existing (One Well) Wells New Number of area Permits* Issued Well Field Permit (Multiple Wells) Issued Existing (*See instructions on back) Well Field VI. Permit New Determination Number of Wells in Area Permits Wells (See B above) Existing Wells Permit Not Number of Permits Denied/Withdrawn Issued (after complete technical review) Modification Number of Major Permit Modifications Approved Issued Wells Reviewed VII. Permit File Number of Rule-Authorized Class II Wells Reviewed Review Wells Deficient Abandoned Number of Wells in Area of Wells Wells Α Reviewed Review Other Wells Abandoned Wells Number of Wells Identified for Wells Identified for Corrective Action Other C/A Wells VIII. Area of 1. Number of Wells in AOR with Casing Review (AOR) Repaired/Recemented C/A 2. Number of Active Wells in AOR Plugged/Abandoned Wells with 3. Number of Abandoned Wells in AOR C/A Replugged 4. Number of Wells in AOR with "Other" Corrective Action IX. Remarks/Ad Hoc Report (Attach additional sheets) Certification I certify that the statements I have made on this form and all atachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or obth under applicable law. Signature and Typed or Printed Name and Title of Person Completing Form Phone No. Date

215-814-5442

Anthony D. Meadows Acting Chief, SDWA Branch

Please type or p	print all informat	tion.	Please read i	nstructions on reverse.													
	Name and Address of Reporting Agency																
	U.S. Environmental Protection Agency																
				n, DC 20460	1650 Arch Street - Region III												
EPA	_	C Federal Re	Philadelphia, PA 19107-2029														
	Pa		•	liance Evaluation													
	the	his information nority of the Sa			PENN	SYLVA	NIA UIC										
II. Date Prepare		State Contact	IV Bon	orting Per	iod (mon	th voor											
(month, day, ye		State Contact	From	orung Fei	iou (mon	To											
Decembe	1	ober 1, 2	2004	1	ntamb	er 30, 20	205										
Decembe	., 2000	JAnu	nony D. Iviead	ows, 215-814-5442	OCI			Type of Inj			303						
		:1+		•		1	II	, jp 0 0 1 1 1 1									
Ť			Item		1	SWD	ER	нс	111	l IV	l v						
						2	2R	2H									
	Total Wells	A	Number of W	/ells with Violations			63				69						
	VVCIIS	\vdash	1. Number of	Unauthorized			- 00										
			Injection Viol	ations													
V			2. Number of	Mechanical Integrity Violations			21										
Summary			3. Number o														
of	Total	В	Maintenance														
Violations	Violations	٦	4. Number of														
				ment Violations f Monitoring and						-							
			Reporting Vic			81											
			6. Number o														
		_	(Specify)							69							
	Total	A	Number of W														
	Wells	_	Enforcement			63				69							
		В	1. Number o			25				67							
			2. Number o	f Consent Agreements													
VI. Summary			3. Number o			2				2							
of Enforcement	Total Enforcement		4. Number o														
Linorcement	Actions		5. Number o	f Criminal Referrals													
			6. Number o														
			7. Number o	Number of Pipeline Severances			C										
			8. Number o (Specify)														
VII.				A. This Quarter (2nd Qtr 03)													
Summary	Number of We		liance														
of Compliance B. This Year (FY 03)							57				113						
VIII. Contamination	INTIMALE OF CASES OF ALIENDA CONTAMINATION OF CISCUST																
IX. MIT Resolved	Percent of MIT	Vio	lations Resolv					*3									
X. Remarks/Ad	Hoc Report (At	ttach	additional she	eets)													
				Certification													
knowingly false	or misleading s	tater	ment may be p	orm and all atachments thereto an nunishable by fine or imprisonmen				N.	owledge								
Signature and T	• •			Person Completing Form				Date		Phone N 215-814-							

Please type or print all information. Please read instructions on reverse. U.S. Environmental Protection Agency I. Name and Address of Reporting Agency Office of Drinking Water U.S. Environmental Protection Agency Washington, DC 20460 1650 Arch Street - Region III UIC Federal Reporting System Philadelphia, PA 19107-2029 EPA Part II B: Compliance Evaluation Significant Noncompliance **PENNSYLVANIA UIC** (This information is solicited under the authority of the Safe Drinking Water Act) IV. Reporting Period (month, year) II. Date Prepared III. State Contact name, telephone no.) (month, day, year) From Τо December 5, 2005 September 30, 2005 October 1, 2004 Anthony D. Meadows 215-814-5442 Class and Type of Injection Wells Ш Item Ш IV ν 1 SWD ER HC 2D 2R 2H Total Number of Wells with SNC Violations 21 2 Wells 1. Number of Unauthorized Injection SNC Violations 2. Number of Mechanical Integrity 21 **SNC Violations** 3. Number of Injection Pressure Summary of **SNC Violations** Significant Non-4. Number of Plugging Total Compliance and Abandonment SNC Violations Violations (SNC) 5. Number of SNC Violations of Formal Orders 6. Number of Falsification SNC Violations 7. Number of Other SNC Violations 2 21 (Specify) Total Number of Wells with 2 Wells 21 **Enforcement Actions Against SNC** 1. Number of Notices of Violation Number of Consent Agreements/Orders VI. 3. Number of Administrative Orders 2 Summary of Total 4. Number of Civil Referrals Enforcement В Enforcement 5. Number of Criminal Referrals Against SNC Actions 6. Number of Well Shut-ins Number of Pipeline Severances 8. Number of Other Enforcement Actions Against SNC Violatio (Specify) VII. A. This Quarter (4th Qtr 03) Summary Number of Wells in SNC of Returned to Compliance B. This Year FY 2003 1 16 Compliance

Certification

I certify that the statements I have made on this form and all atachments thereto are true, accurate, and complete. I acknowledge that any knowledge that any knowled

Number of Cases of Alleged Contamination of USDW

Class IV/Endangering Class V

Well Closures

Signature and Typed or Printed Name and Title of Person Completing Form	Date	Phone
Anthony D. Meadows, Acting Chief, SDWA Branch	Date	215-814-5442

VIII.

Contamination

ΙX

Well Closure

Involuntary Well Closure

Voluntary Well Closure

62

Please type	or print all in	formatio	n. Please read instructions on revers	e.									
😂 ЕРА			U.S. Environmental Protection Ag Office of Drinking Water Washington, DC 20460 UIC Federal Reporting Syste Part III: Inspections Mechanical Integrity Test (This information is solicited und	em :ing	U.S. 1	me and Addr Environment Arch Street delphia, PA	ency						
			the authority of the Safe Drinking Wa	eter Act)		PE	ENNSYL	.VANIA	A UIC				
II. Date Pre			te Contact (nam, telephone no.)		IV. R	eporting Peri	od <i>(month</i>	, year)					
(month, day, December 5		Anthon	y D. Meadows 215-814-5442		From	2004		To September 30, 2005					
500011150110	, 2000				Octo	Der 1, 2004	and Type						
			Item		1	SWD 2	II ER 2R	HC 2H	III	IV	V		
	Total Wells	А	Number of Wells	Inspected		20	234				47		
			1. Number of Mechanical Integrity	Tests									
V.			(MIT) Witnessed 2. Number of Emergency Response	9 Or		4	130						
Summary	Total		Complaint Response Inspections	3 01					<u> </u>				
of	Inspection	В	3. Number of Well	=		4	79						
Inspections	s		Constructions Witnessed 4. Number of Well				13		1				
			Pluggings Witnessed			2	46						
			Number of Routine/Periodic Inspections			11	71				75		
	Total	А	Number of Wells Tested or Evaluate for Mechanical Integrity (MI)		4	126							
	Total Wells			Passed 2-part test		4	45						
		В	Into: of reality reality and reality	Failed 2-part test			21						
			1. Number of Annulus Pressure Mo										
			Record Evaluations 2. No. of Casing/	Well Failed Well Passed			72						
	For		Tubing Pressure Tests	Well Failed									
VI. Summary	Significant Leak	C	Number of Monitoring Record Evaluations	Well Passed									
of Mechanical			No. of Other Significant Leak	Well Passed			45						
Integrity			Tests/Evaluations (Specify)	Well Failed			21						
(MI)			1. Number of Cement	Well Passed			72						
			Record Evaluations	Well Failed									
	For		2. Number of Temperature/	Well Passed					_				
	Fluid	D	Noise Log Tests	Well Failed					_				
	Migration		3. No. of Radioactive Tracer/	Well Passed		-			-				
			Cement Bond Tests	Well Failed Well Passed		-	45		-		_		
			4. No. of Other Fluid Migration Tests/Evaluations (Specify)	Well Failed			21		_				
	Total	_	Number of Wells with		+								
	Wells	A	Remedial Action			21							
VII.			Number of Casing Reparied/ Squeeze Cement Remedial Actions										
Summary			Number of Tubing/Packer		-			1		_			
of	Total	_	Remedial Actions			16							
Remedial Action	Remedial Actions	В	Number of Plugging/Abandonme Remedial Actions										
			4. Number of Other Remedial Actio	ns									
VIII. Remark	ks/Ad Hoc R	eport (A	(Specify) ttach additional sheets)										
			e made on this form and all atachmer	Certification	ccurate, and c	omplete. I a	cknowled	ge that a	ny				
knowingly fa	lse or mislea	iding sta	tement may be punishable by fine or	imprisonment or obth									
*	• •		Name and Title of Person Completing										
	Meadows, A		chief, SDWA Branch, Water Protecti		adition is a			12/5/2	2005				



United States Environmental Protection Agency Office of Drinking Water Washington, DC 20460

Form Approved
OMB No. 2040-0042
Approval expires

UIC Federal Reporting System

Part IV: Quarterly Exceptions List

I. Reporting Period From Τo 30-Sep-05

		(This informat	ion is collected	d und	er the Ac		hority	of th	e Sa	fe Dr	inking Water		1	-Oct-	04				30-	Sep-05	
			V.	Sum	nmary	of V					V	1. Su		ry of							
							Viol	ation				Mark ('X') Enforceme								1	
II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	Date of Violation	Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)	Date of Enforcement	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	VII. Date Compliance Achieved	
	No PA Facilities on Exceptions List																				
	TO THE BUILDO ON EXCEPTIONS ELOC																				
																-		-			
				_				_					_					_			
	-																				
																		\vdash			
						tifica		_	_				1	1	L		1	1		<u> </u>	
I certify that the	statements I have made on this formine or imprisonment or both under ap	n and all attachm	ents thereto a	re tru	ie, ac	curat	te, ar	d co	mplet	e. I	acknowledge t	hat a	ny kn	nowlir	ıgly fa	alse c	or mis	lead	ng si	atement may be	
	rson Completing Form	production for the	Typed or Prir Anthon					ng Ch	ief, S	SDW/	A Branch	Date	е					Pho	ne N	o. 5-814-5442	

EPA Form 7520-4 (Rev. 3-88)

Previous edition is obsolete.